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CONFIRMATION NO. 4071

<b>SERIAL NUMBER</b> 10/689,236	<b>FILING OR 371(c) DATE</b> 10/20/2003 <b>RULE</b>	<b>CLASS</b> 424	<b>GROUP ART UNIT</b> 1615	<b>ATTORNEY DOCKET NO.</b> MEDNUT 3.0-002	
<b>APPLICANTS</b> Arnold M. Gans, Englewood, NJ; <b>** CONTINUING DATA *****</b> This appln claims benefit of 60/422,164 10/29/2002 <i>JS</i> <b>** FOREIGN APPLICATIONS *****</b> <i>NONE JS</i> <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **</b> <b>** 01/21/2004</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <i>James Gans</i> Examiner's Signature <i>JS</i> Initials		<b>STATE OR COUNTRY</b> NJ	<b>SHEETS DRAWING</b> 2	<b>TOTAL CLAIMS</b> 31	<b>INDEPENDENT CLAIMS</b> 2
<b>ADDRESS</b> 530					
<b>TITLE</b> Method for treating wounds to promote healing					
<b>FILING FEE RECEIVED</b> 1359	<b>FEES: Authority has been given in Paper</b> No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		